NORTH CAROLINA CHILD FATALITY TASK FORCE





Legislative Recommendations for 2023

Legislative "support" items receive the highest level of support from the CFTF. Legislative "endorse" items are led by others and endorsed by the CFTF.

*SUPPORT legislation to launch and fund a new statewide firearm safety initiative, as recommended by the 2017 Firearm Safety Stakeholder group, that is focused on education and awareness surrounding firearm safe storage and distribution of free gun locks with minimum two-year funding of \$250,000.

*SUPPORT recurring funds to increase numbers of school nurses, social workers, counselors and psychologists to support the physical and mental health of students and to move North Carolina toward achieving nationally recommended ratios for these professional positions in schools; funding at least sufficient to sustain current positions whether sourced through temporary or permanent funding.

SUPPORT funding sufficient to sustain implementation and continued use of a statewide school health data system beginning in 2024.

*SUPPORT legislation, agency action, and policy change to strengthen the statewide Child Fatality Prevention System through these changes:

- Implement centralized state-level staff with whole-system support in one location in DHHS (however OCME child fatality staff remains in OCME); form new Fatality Review and Data Group to be information liaison.
- Implement a centralized electronic data and information system that includes North Carolina participating in the National Fatality Review Case Reporting System used by 48 other states.
- Reduce the volume of team reviews by changing the types of deaths required
 to be reviewed by fatality review teams to be according to certain categories
 most likely to yield prevention opportunities. [undetermined, unintentional
 injury, violence, motor vehicle, child abuse or neglect/CPS involvement, SUID,
 suicide, deaths not expected in next six months, additional infant deaths (review
 of other categories optional)]
- Reduce the number and types of teams performing fatality reviews by combining
 the functions of the four current types of teams into one (local team) with
 different procedures and required participants for different types of reviews and
 giving teams the option to choose whether to be single or multi-county teams.
 DHHS should study and determine an effective framework for meeting federal
 requirements for Citizen Review Panels and for reviewing active DSS cases.
- Formalize (in statute) the 3 CFTF Committees with certain required members and expand CFTF reports to address whole CFP System and to be distributed to additional state leaders.

Funding: maintain current CFP funding and appropriate additional funds pursuant to DHHS determinations related to (the needs of) state office, local teams, and Fetal and Infant Mortality Review pilot.

Recommendation addresses . . .

Prevention of youth suicides, accidental shootings, firearm assaults & homicides, school shootings, crimes involving guns

Prevention of youth suicides; support for youth mental and physical health; strengthening of recognition and response to child abuse and neglect

Prevention of all types of child deaths for all ages. Changes are aimed at strengthening NC's ability to understand the circumstances surrounding child deaths to inform policy and system changes at the state and local levels to prevent future child deaths and promote child wellbeing.

*SUPPORT recurring funding totaling \$250,000 per year to expand efforts to prevent infant deaths related to unsafe sleep environments.	Prevention of infant deaths related to unsafe sleep environments
Support the funding request that has come from NC Medicaid/Division of Health Benefits, for the maternal morbidity and mortality funding bundle which includes funding for an incentive for group (prenatal care) visits, funding for broad doula coverage, and funding to increase the maternity provider reimbursement for bundled payments. (State share is approximately \$9 million in recurring funds.)	Prevention of infant deaths, especially those related to pre-term and low birthweight births
*SUPPORT legislation to strengthen the infant safe surrender law to make it more likely the law will be used in circumstances for which it was intended - to protect a newborn infant at risk of abandonment or harm - by making legislative changes to accomplish the following: 1. remove "any adult" from those designated to accept a surrendered infant; 2. provide information to a surrendering parent; 3. strengthen protection of a surrendering parent's identity; 4. incorporate steps to help ensure the law is only applied when criteria are met.	Prevention of newborn infant deaths or harm to newborns related to abuse or neglect
SUPPORT legislation to strengthen NC's child passenger safety law to address best practices by making the following changes: 1. To address importance of younger children riding in rear seat, require children under age 8 to be properly restrained in the rear seat of a vehicle when the vehicle has a passenger side front air bag and has an available rear seat. 2. To clarify the need for infants and toddlers to ride in rear-facing seats, modify law to say that a child must be properly secured in a weight- and height-appropriate child passenger restraint system according to manufacturer instructions, including instructions for the use of rear-facing restraint systems for infants and toddlers. 3. To clarify safe transition from booster seat to adult seat belt, require a child to be properly secured in a weight-appropriate child passenger restraint system until the child is four feet 9 inches tall (57 inches) and the adult seat belt fits properly without a booster seat (law to describe proper fitting of seat belt).	Prevention of infant and child deaths and injuries related to motor vehicle crashes
*SUPPORT an appropriation of \$550,000 in nonrecurring funds and \$110,000 in recurring funds to enable the North Carolina Office of the Chief Medical Examiner to conduct comprehensive toxicology testing in all Medical Examiner jurisdiction child deaths.	Prevention of child deaths via more information about death circumstances to inform prevention strategies
*ENDORSE an appropriation of \$17 million in recurring funds for programs to prevent tobacco/nicotine use, encourage cessation by youth and to prevent harms to infants and children caused by tobacco/nicotine use.	Prevention of poor birth outcomes including death; prevention of harm to youth
ENDORSE legislation requiring lifeguards at children's day camps that offer time in the water.	Prevention of fatal and nonfatal drownings at day

*Indicates this item is the same or similar to an item appearing on the 2022 Action Agenda.

camps

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